

**FORM
INSP**

Rev
X/15

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

03/02/2017

Submitted Date:

03/02/2017

Document Number:

680401172

FIELD INSPECTION FORM

Loc ID 335180 Inspector Name: BROWNING, CHUCK On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

OGCC Operator Number: 10531
Name of Operator: VANGUARD OPERATING LLC
Address: 5847 SAN FELIPE #3000
City: HOUSTON State: TX Zip: 77057

Findings:

- 8 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Rants, John	970-319-0013	jrants@vnrlc.com	Production Foreman

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
260918	WELL	PR	12/16/2002	GW	045-07922	PORTER FEDERAL 12-28	PR
279622	WELL	PR	12/29/2005	GW	045-11061	SPECIALTY FEDERAL 14D-28-692	PR
279623	WELL	PR	12/09/2005	GW	045-11062	SPECIALTY FEDERAL 13C-28-692	PR
290234	WELL	IJ	04/17/2007	DSPW	045-14054	SPECIALTY 13A-28-692 SWD	AC

General Comment:

Routine UIC Inspection.

Location			
Lease Road:			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	WELLHEAD		
Comment:	Panel fence. UIC well in housing.		
Corrective Action:			Date:
Equipment:			
Type: Plunger Lift	# 3		corrective date
Comment:			
Corrective Action:			Date:
Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:
Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 260918 Type: WELL API Number: 045-07922 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift
 Corrective Action: _____ Date: _____

Facility ID: 279622 Type: WELL API Number: 045-11061 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift
 Corrective Action: _____ Date: _____

Facility ID: 279623 Type: WELL API Number: 045-11062 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift
 Corrective Action: _____ Date: _____

Facility ID: 290234 Type: WELL API Number: 045-14054 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1957 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: CZ-CR
 TC: Pressure or inches of Hg 333 Previous Test Pressure _____ Last MIT: 01/12/2015
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC Inspection. Well shut in. No active injection at time of inspection. Pressures recorded 3/1/2017.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Ditches	Pass			
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT